PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patient and Trademany Office; U.S. Department of the Commence of the C

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/815,526			ing Date 31/2004	To be Mailed
	Al	PPLICATION A	AS FILE	OTHER THAN SMALL ENTITY OR SMALL ENTITY							
⊢	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	\neg	N/A		N/A	ı	N/A	122(0)		N/A	TLL (0)
	SEARCH FEE		N/A		N/A	1	N/A			N/A	
	(37 CFR 1.16(k), (j), e EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A	ı	N/A			N/A	
	FAL CLAIMS CFR 1.16(i))	G((q))	minus 20 = *				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1,16(h))	s	minus 3 = *			ı	x \$ =			x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) the additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 C		on size fee due for each n thereof. See						
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))										
* If	he difference in colo	r "0" in column 2.		TOTAL		ı	TOTAL				
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	03/26/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	• 21	Minus	·· 25	=		x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))	• 2	Minus	 3	=	1	x \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus	••	=	l	x \$ =		OR	x s =	
M	Independent (37 CFR 1.16(h))		Minus	***	:		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))										
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 US of 22 and 37 CER 1.4. This collection is estimated to state 27 animates to complete in excluding patternity, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burful, asked between the formation of Exercise U.S. Fattern and Trademark. Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity, P.O. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patternity For Department for Patternity For Department